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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004603

1. Corporation Name

SUNCOAST UROLOGY IPA, INC.

Principal Place of Business

14499 NORTH DALE MABRY HWY.
TAMPA FL 33618

Mailing Address

14499 NORTH DALE MABRY HWY.
TAMPA FL 33618

406096 - 90235 - 7 6 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/19/1994

4. FEI Number

59-3271948

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FISHER, JOHN H II
201 NORTH FRANKLIN ST.
SUITE 2100
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BINDER, MICHAEL M.D.
STREET ADDRESS 14499 N. DALE MABRY HWY.
CITY-ST-ZIP TAMPA FL 33618

TITLE D
NAME ALVER, JAMES E M.D.
STREET ADDRESS 500 VONDERBURG DR.
CITY-ST-ZIP BRANDON FL-33511

TITLE D
NAME KARP, ROBERT L M.D.
STREET ADDRESS 500 VONDERBURG DR.
CITY-ST-ZIP BRANDON FL 33511

TITLE D
NAME BISWAS, MOHENDRA G M.D.
STREET ADDRESS 6101 WEBB RD.
CITY-ST-ZIP TAMPA FL 33615

TITLE D
NAME CACCIATORE, HENRY A M.D.
STREET ADDRESS 4728 HABANA AVE. NORTH
CITY-ST-ZIP TAMPA FL 33614

TITLE D
NAME COCKBURN, ALDEN M.D.
STREET ADDRESS 4700 HABANA AVE. NORTH
CITY-ST-ZIP TAMPA FL 33614

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Am

Treas

Date

Daytime Phone #

CR2E037 (11/98)